



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R11/12-03)
Indiana Election Commission (IC 3-9-5-14)
Approved by State Board of Accounts 1999

(CFA-4)

Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

2

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION

1. Full name of committee (as on Statement of Organization) ☐ Check if this is a new name

People for Pritchard

2. Acronym or abbreviated name, if any

3. Committee telephone number

(317) 598-1213

4. Mailing address (address where all campaign finance correspondence is received) ☐ Check if this is a new address

12836 Caliburn Ct.

5. City, state, ZIP code

Fishers, IN 46038

6. Party affiliation (if applicable)

Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full name of candidate (include any nickname)

Eileen Nash Pritchard

8. Party affiliation or if independent candidate

Republican

9. Office sought (Include district number, if any. **Not required for exploratory committee.**)

Fishers Town Council

10. County of residence

Hamilton

TYPE OF REPORT

11. Check one:

☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Nomination ☐ Other _____
☐ Final/Disbands Committee (lines 18, 19, and 20 must be "0") ☐ Outgoing Treasurer (within 10 days amend Statement of Organization)

CONVENTION CANDIDATES ONLY

Check one:

☐ Pre-Convention
☐ Post-Convention

12. Reporting Period:

From: 1/1/04

Through: 12/31/04

COLUMN A
This Period

COLUMN B
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

1630

14. Cash on hand and investments January 1, current year.

1630

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

0

15b. Unitemized

0

15c. Add lines 15a and 15b in both columns

SUBTOTAL

0

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

1630

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

500

17b. Unitemized

291.86

17c. Add lines 17a and 17b in both columns

SUBTOTAL

791.86

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

TOTAL

838.14

19. Debts OWED BY the committee (use Schedule D)

0

20. Debts OWED TO the committee (use Schedule E)

0

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature on File

FOR OFFICE USE ONLY

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana



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(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

Approved

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (*over \$200, if regular party committee*). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

FILE NUMBER

Page 1 of 1

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
	OFFICE SOUGHT (if applicable)				
Code <u>C</u> Dan Henke for Judge 13505 Courtney Dr. Fishers, IN 46038	Attorney Judge	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	250	250	3/4/04
Code <u>C</u> Prevail 1100 S. 9th St., Ste 100 Noblesville, IN 46060		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	150	150	4/26/04
Code <u>C</u> Prevail		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	100	250	8/29/04
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 500		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$ 500		